

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <b>1067895</b>	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1		1		1		51		
2	1		1		1		52		
3		1		1		1	53		
4		1		1		1	54		
5		2		1		1	55		
6		1		1		1	56		
7		1		1		1	57		
8		2		2		1	58		
9		1		1		1	59		
10		1		1		1	60		
11	1		1		1		61		
12	1		1		1		62		
13	1		1		1		63		
14		1		1		1	64		
15		1		1		1	65		
16				1		1	66		
17			1		1		67		
18			1		1		68		
19						1	69		
20						1	70		
21	1					1	71		
22						1	72		
23						1	73		
24						1	74		
25						1	75		
26						1	76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.		5	7		7		TOTAL IND.		
TOTAL DEP.		12	12		19		TOTAL DEP.		
TOTAL CLAIMS		17	19		26		TOTAL CLAIMS		